


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90015 033 \*\*\*\*61.25

**DOCUMENT # N04682**

1. Entity Name  
**MARINER CAY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**C/O FIRST CHOICE ASSOC. MGMT  
 3440 EAST LAKE ROAD #106  
 PALM HARBOR, FL 34685 US**

Mailing Address  
**C/O FIRST CHOICE ASSOC. MGMT  
 3440 EAST LAKE ROAD #106  
 PALM HARBOR, FL 34685 US**

**44005451**



2. Principal Place of Business  
*4174 Woodlands Pkwy*

3. Mailing Address  
*4174 Woodlands Pkwy*

Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

City & State  
*Palm Harbor FLA*

City & State  
*Palm Harbor FLA*

Zip Country  
*34685 USA*

Zip Country  
*34685 USA*

4. FEI Number  
**59-1990766**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FIRST CHOICE ASSOCIATION MGMT  
 3440 EAST LAKE ROAD  
 106  
 PALM HARBOR, FL 34685**

**7. Name and Address of New Registered Agent**

Name  
*Nolan, James*

Street Address (P.O. Box Number is Not Acceptable)  
*First Choice Association Management  
 4174 Woodlands Pkwy*

City State Zip Code  
*Palm Harbor FL 34685*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

*James M Nolan*

SIGNATURE \_\_\_\_\_ DATE *1/29/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOUSE, SUZANNE M 8802 S. LAGOON ST. TAMPA, FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STANLEY, REBECCA 8810 S. LAGOON ST. TAMPA, FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CREECH, MARY E 8804 S. LAGOON ST. TAMPA, FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with a *copy* like empowered.

**SIGNATURE:** *James M Nolan* **1/29/04** **727785-8887**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #